# FAX

R. J. Reynolds Tobacco Co.
400 Raritan Center Parkway, Suite D
Edison, N.J. 08837

Date 1/9/98

Number of pages including cover sheet 2

To: Jeff O'Connor

Re: Andy K's

Phone

Fax Phone 973-817-9325

CC:

From:

Lanny Wolfe

Phone 732-225-4774

Fax Phone 732-417-9076

Voice Mail 800-757-8255 Ext. 48795

REMARKS:

☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

Dear Jeff,

As we discussed please send the attached Brandon product and Forsyth floor display #487396 to Andy Ks, Sea Bright, N.J. The order for 60 ctns should be blacklined and stickered .20 off per pack and Andy Ks invoiced at $2.00 off per carton. The Brandon state minimum effective 1/5/98 has been lowered to 16.16 (changed from $2.30 to 3.00 per carton off invoice to Glikin Bros.). If you have any questions please give me a call.

Thanks,

Lanny

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Source: https://www.industrydocuments.ucsf.edu/docs/sxfy0000

# "Brandon"

*A Private Label Cigarette*

# .20 off Pack Promotion

## prebook form
## (Available exclusively at Glikin Bros.)

**Note: Please bill this account $2.00 per carton off invoice for this product**

**Date** 1/9/98

**Account** ANDY K's **Acct.#** _____

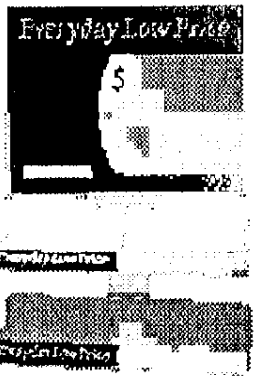
**Address** OCEAN AVE.
SEA BRIGHT, N.J.

**Retailer Signature** _____

**Retailer Name (Print)** _____

**Sales Rep** NICK KURUC

| | | |
|---|---|---|
| ____ | Ctns Full Flavor King | stickered .20 off per pk |
| 12 | Ctns Full Flavor 100s | " |
| ____ | Ctns Light King | " |
| 12 | Ctns Light 100s | " |
| ____ | Ctns Ultra Light King | " |
| 12 | Ctns Ultra Light 100s | " |
| ____ | Ctns Full Flavor Menthol King | " |
| 12 | Ctns Full Flavor Menthol 100s | " |
| ____ | Ctns Light Menthol King | " |
| 12 | Ctns Light Menthol 100s | " |




____ **Brandon Pack Display#522593 (60 pack w/"Brandon" sticker attached to riser card)**

1 **Brandon Pack/Carton Display #487376 (90 carton w/"Brandon" sticker attached to riser card)**

Price per carton $16.16 - 2.00 off invoice = $14.16 (effective 1/1/98)

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Source: https://www.industrydocuments.ucsf.edu/docs/sxfy0000

TRANSMISSION VERIFICATION REPORT

TIME : 01/09/1998 11:14
NAME : RJ REYNOLDS
FAX : 7324179076
TEL : 7322253765

| | |
|---|---|
| DATE,TIME | 01/09 11:13 |
| FAX NO./NAME | 19738179325 |
| DURATION | 00:00:59 |
| PAGE(S) | 02 |
| RESULT | OK |
| MODE | STANDARD ECM |

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